CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES) INFORMATION PRACTICES ACT INDIVIDUAL REQUEST FORM

SECTION A. Request for CURES Personal Records

Instructions

1. The records requested must be your own.
2. To complete this request form, you must:
   a. Provide your first name, last name, date of birth, and address with which your controlled substance prescription dispensation records may be associated.
   b. Specify the mailing address to which you authorize the Department to mail the requested CURES records via United States Postal Service.
   c. Sign and date the Verification in Section B before a validly licensed notary public.
   d. Submit this completed form and any required attachments to California Department of Justice, CURES Custodian of Records, P.O. Box 160447, Sacramento, CA 95816.
3. All fields within a row must be completed for each variation specified in Section A.
4. The Department will only return records **exactly matching the specified search criteria**.
5. Incomplete or deficient requests will not be processed.

I request CURES record(s) matching the name, date of birth, and address criteria specified below:

Last Name	***First Name***	***Date of Birth (MM/DD/YYYY)***	***Street Address***	***City***	***State***	***Zip Code***

Authorized Recipient Address

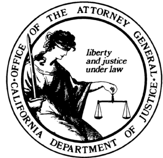
I authorize the Department to mail my CURES records via United States Postal Service to the following address:

Recipient Name: ______________________________

Address	City	State	Zip Code

Requestor Contact Information

Email Address	Telephone No.



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SECTION B. Verification

Verification to be completed by the patient

VERIFICATION

I have read the instructions contained within this form. By submitting this request, I represent that I am the person identified in Section A whose records are being requested. I also represent that the information I have provided herein is true to the best of my knowledge, and I understand that it is illegal to report false or misleading information. I understand that without a complete form and signature, this form will not be processed.

Executed on __________ , 20 ________, at ____________ , [State] .
Date Year City State

________________________________ ________________________________
Type or Print Name Signature

To be completed by a notary public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF ______________________

On ______________ before me, ____ , Notary Public,
(here insert name and title of the officer)

personally appeared ____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: ____________________________________ (Seal)

Note: If you notarize this form outside of California, please use an acknowledgment form compliant with the laws of the state in which the notarization occurs.

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Privacy Notice

As Required by Civil Code § 1798.24

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information being requested pursuant to California Health and Safety Code sections 11165(d), and 11190(c). In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy.**

Providing Personal Information. The following items of personal information requested in the form must be provided: Sections A and B on this form. Failure to provide Sections A and B will result in an unprocessed Information Practices Act Individual Request Form.

Access to Your Information. To access your information, the Department will only provide records exactly matching the specified search criteria in Section A.

Possible Disclosure of Personal Information. The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where necessary to perform their legal duties, provided their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency if required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Department of Justice CURES Program at (916) 210-3187, by e-mail at CURES@doj.ca.gov, or by mail at:

Office of the Attorney General
California Department of Justice CURES Program
P.O. Box 160447
Sacramento, CA 95816.